



TRANSMITTAL FORM

Attorney Docket No.

01P11173US/1952P

In re application **San Mateo**Date: **January 23, 2003**Serial No: **09/929,713**Group Art Unit: **2882**Filed: **Aug. 13, 2001**Examiner: **Thomas, Courtney D.**For: **METHOD AND SYSTEM FOR MULTI-AXIS BEAMBLOCK TRAY FOR MULTIPLE DEFINING HEADS**

ENCLOSURES (check all that apply)					
<input checked="" type="checkbox"/>	Amendment/Reply	<input type="checkbox"/>	Assignment and Recordation Cover Sheet	<input type="checkbox"/>	After Allowance Communication to Group
<input type="checkbox"/>	After Final	<input type="checkbox"/>	Part B-Issue Fee Transmittal	<input type="checkbox"/>	Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/>	Information disclosure statement	<input type="checkbox"/>	Letter to Draftsman	<input type="checkbox"/>	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/>	Form 1449	<input type="checkbox"/>	Drawings	<input type="checkbox"/>	Status Letter
<input type="checkbox"/>	(X) Copies of References	<input type="checkbox"/>	Petition	<input checked="" type="checkbox"/>	Postcard
<input type="checkbox"/>	Extension of Time Request *	<input type="checkbox"/>	Fee Address Indication Form	<input type="checkbox"/>	Other Enclosure(s) (please identify below):
<input type="checkbox"/>	Express Abandonment	<input type="checkbox"/>	Terminal Disclaimer	RECEIVED FEB - 3 - 2003 TECHNOLOGY CENTER 2800	
<input type="checkbox"/>	Certified Copy of Priority Doc	<input type="checkbox"/>	Power of Attorney and Revocation of Prior Powers		
<input type="checkbox"/>	Response to Incomplete Appln	<input type="checkbox"/>	Change of Correspondence Address		
<input type="checkbox"/>	Response to Missing Parts	*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxx month(s), from to .			
<input type="checkbox"/>	Executed Declaration by Inventor(s)				

CLAIMS					
FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEE
Total Claims	21	20	1	\$18.00	\$18.00
Independent Claims	6	6	0	\$84.00	\$ 0.00
				Total Fees	\$18.00

METHOD OF PAYMENT	
<input type="checkbox"/>	Check no. _____ in the amount of \$ _____ is enclosed for payment of fees.
<input checked="" type="checkbox"/>	Charge \$ <u>18.00</u> to Deposit Account No. <u>19-2179</u> (Account Holder Name) for payment of fees.
<input checked="" type="checkbox"/>	Charge any additional fees or credit any overpayment to Deposit Account No. <u>19-2179</u> (Account Holder Name)

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Attorney Name	David D. Chung, Reg. No. 38,409 ON BEHALF OF Jenny G. Ko, Reg. No. 44,190
Signature	
Date	<u>23 Jan. 03</u>
CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: <u>Jan. 23,</u> 2003.	
Type or printed name	Raquel C. West
Signature	